

CBT Tracking Form

NAME:		DOB:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	2 ND PHONE:		E-MAIL:
SCHOOL:		GOALS:	
HOW DID YOU LEARN ABOUT CAP:			
INTERESTS:			
MEDICAL PROBLEMS:			
EMERGENCY CONTACT:			

DEP

DATE	ACTIVITY

CBT

DATE	NOTES/INSPECTION
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

STI PROGRESS CHECKS

WEEK	NOTES

TASK	DATE	SIGNED
Membership Application		(Admin Officer)
Form 90		(DEP/CBT Staff)
Uniform Issue		(Logistics Officer)
CAP Bookstore Order		(DEP/CBT Staff)
CBT Workbooks issued		(DEP/CBT Staff)
Leadership 1 Test Passed		(Testing Officer)
Physical fitness test		(CBT Staff)
Drill test		(Assigned Senior)
ES Class		(ES Officer)
Moral Leadership		(Moral Leadership Officer)
Senior Interview		(Assigned senior)
Flight Placement _____		(C/ISG, STI, C/C.O.)

Senior Notes:

STI Notes:

DEP/STI Notes:

Completed by: _____ Date: _____